2006 Amendments to the Older Americans Act

P.L. 109-365

U.S. Administration on Aging

December 7, 2006

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(These slides were the basis of a presentation designed to summarize changes in the Older Americans Act and are not intended to represent definitive policy of the agency)

Principles

Reauthorization

- Increase Flexibility
- Streamline & Simplify
 Administrative Processes
- Facilitate Program Integration& Coordination
- Enhance Efficiency & Effectiveness

Simplify, lity, Simplify, Simplify, Simplify, Simplify, Simplify, Simplify, Simplify, Simplify, Simplify Simplify, Simplify,

Title I – Declaration of Objectives & Definitions

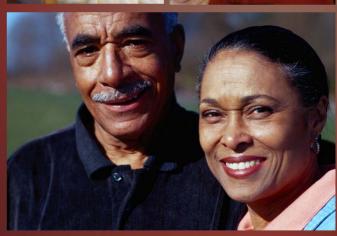
- Objectives
 - Retained and remained unchanged
- Definitions updated and made consistent with other statutes and proposals
 - Assistive Technology
 - Consistent with the Assistive Technology Act of 1998
 - Elder abuse, neglect, exploitation
 - Consistent with the definitions used by the Elder Justice Coalition in the Elder Justice Act
 - ADRC; Evidence-Based Health Promotion; Self-Directed Care;
 At-Risk of Institutional Placement; Long-Term Care
 - Consistent with the principles of Choices for Independence

Title II - Administration on Aging

Maintains, highlights, updates and strengthens the role and functions of AoA and the Assistant Secretary for Aging

- •Choices for Independence
- Federal Partnerships
- Mental Health
- Civic Engagement
- Benefits Counseling and Outreach
- •Elder Justice and Elder Abuse
- Evidence-based Nutrition Services
- Private Pay Options



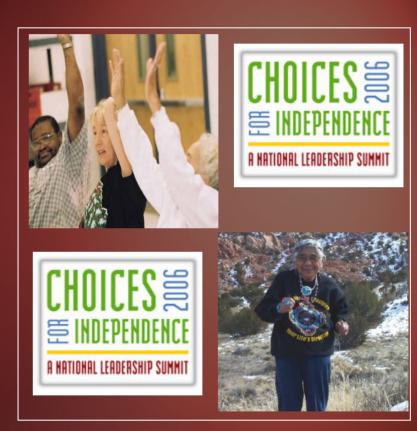


CHOICES for Independence

- Consumer Empowerment
 - ➤ Aging & Disability Resource Centers

- Community Living Incentives
 - ➤ Flexible Options and More Choices for High-Risk Individuals

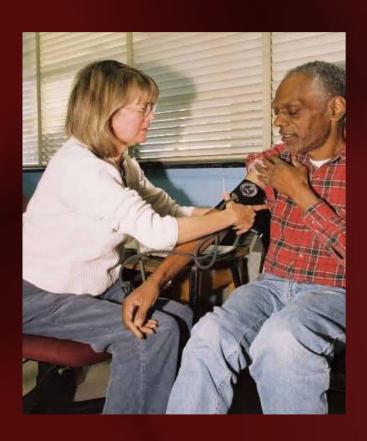
- > Healthy Lifestyles
 - ➤ Evidence-Based Disease Prevention Interventions



Choices for Independence

- Principles Embedded in <u>Title I</u>
 - Definitions for
 - ADRC
 - At Risk for Institutional Placement
 - Long-Term Care
 - State System of Long-Term Care
- Principles Embedded in <u>Title II</u>
 - AoA to
 - Promote development & implementation of HCB LTC systems in response to needs & preferences of older individuals and family caregivers
- Principles Embedded in <u>Title III</u>
 - SUAs to -
 - Facilitate the provision of HCB LTC through AAAs and service providers
 - AAAs to -
 - Facilitate the area-wide development & implementation of HCB LTC systems

Title III - State and Community Programs



- ➤ Home and Community-Based LTC
- ➤ Evidence-based Nutrition and Health Promotion
- **Coordination of Mental Health Services** →
- Emergency Preparedness
- ▶Planning for Baby Boomers
- Expanded Targeting of ServicesLimited English Proficiency

Funding Formulas

Interstate Funding Formula

- 2000 Amendments Four Factors
 - Population 60+
 - Minimum amount ½% for each state; ¼% for select territories; 1/16% for remaining territories
 - Hold Harmless At least amount received in FY 2000
 - Guaranteed Growth ---
 - Increased by a percentage equal to 20% of the increase between FY 2000 and the current fiscal year

Funding Formulas

Interstate Funding Formula

- 2006 Amendments <u>Two Changes</u>
 - Population 60+
 - Minimum amount ½% for each state; ¼% for select territories; 1/16% for remaining territories
 - Hold Harmless At least amount received in <u>FY 2006</u>
 - Guaranteed Growth <u>Phased out by 2011</u>
 - 20% in FY 2007;
 - 15% in FY 2008;
 - 10% in FY 2009
 - 5% in FY 2010
 - 0% in FY 2011

Nutrition Services

<u>Purpose</u>

- Reduce hunger and food insecurity
- Promote socialization

Promote health and well-being



Nutrition Services

- Nutrition Education
- Nutrition Counseling
- Other Nutrition Services, <u>as appropriate</u>
 - Screening and assessment
 - Based on needs of meal participants
- Home-delivered Nutrition
 - Encouraged to provide available medical information
 - Brochures
 - How to get vaccines
 - Disabled individuals residing with older individual
 - No longer a requirement to "accompany" the older individual

Nutrition Services

Sense of the Congress

- Meal Programs contribute to nutritional health of older adults
- When nutritional needs are not fully met
 - A <u>single, daily multivitamin-mineral supplement</u> may help ensure nutritional health
 - Can be a safe, inexpensive strategy to ensure nutritional health
- Providers <u>should consider</u> whether individuals would benefit from them
- Not a Service Requirement

Nutrition Services Incentive Program

Designed to provide greater flexibility at the state and local level

- AoA to provide Cash to States
- States or local providers can access U.S. agricultural commodities and other foods through school food authorities
 - Remain entitled to receive bonus or surplus commodities donated from USDA

National Family Caregiver Support Program

Broadened Populations to be Served

- Caregivers of individuals with <u>Alzheimer's Disease</u>
- Grandparents or older relative caregivers (<u>55 years</u> of age or older) caring for a child related by blood, marriage, or <u>adoption</u>
- Child is an individual not more than 18 years of age, or an <u>individual with a disability</u> (adult children w/disability)

National Family Caregiver Support Program

Priorities Established

- Caregivers who are older individuals with
 - Greatest social need
 - Greatest <u>economic</u> need
 - With particular attention to <u>low-income</u> older individuals
- Caregivers of <u>older</u> individuals with Alzheimer's Disease
- Older individuals caring for individuals with <u>severe</u> disabilities, including children with severe disabilities

Cost Sharing and Voluntary Contributions

- Cost Sharing no changes made
 - Service recipients share in the cost through
 - Sliding fee scale and
 - Self-declaration
 - Not permitted for:
 - I & A
 - Case Management
 - Nutrition Services
 - Tribal Organizations Services
 - Services to Low-income Individuals
 - Ombudsman Services
 - Elder Abuse, Neglect, Exploitation Services

Cost Sharing and Voluntary Contributions

- Voluntary Contributions changes made
 - Shall be allowed to non-coercively solicit voluntary contributions for all services
 - For individuals whose self-declared income is at or above 185 percent of poverty line
 - Contributions shall be encouraged at a level based on the actual cost of services

For Both Cost Sharing & Voluntary Contributions

- Not means test
- Not deny services for those who do not contribute
- Funds used to expand the service for which the contribution was made

(This slide has been modified to clarify and respond to questions raised following the presentation)

Private Pay

- Allows aging network to provide services to individuals and entities NOT otherwise served by OAA programs for a fee (private pay).
- Effective means of providing quality services to those who do not seek services from the network or are inadequately served in the current marketplace
- Funds raised through private pay relationships are to be used in OAA programs to reduce waiting lists or serve more people

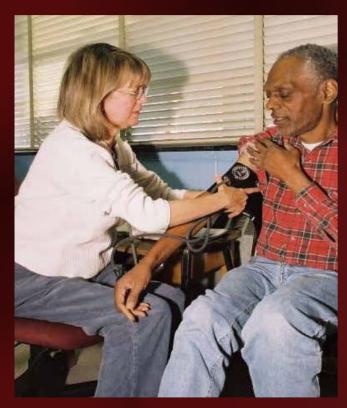
Title IV – Activities for Health, Independence







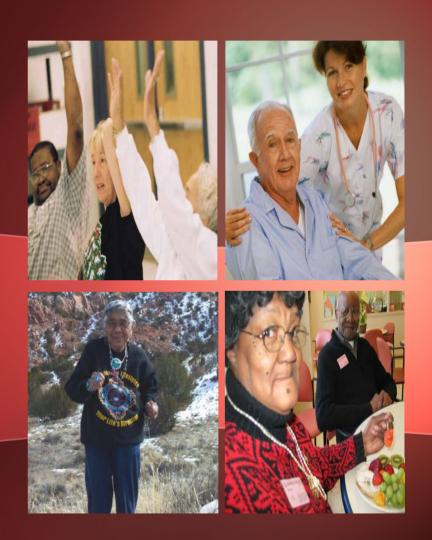
- ➤ Mental Health Services & Screening
- ► Innovations to Improve Transportation
- ➤ Planning for Baby Boomers
- ➤ Assessing Technology-Based Models
- ➤ Improving Support for Family Caregivers
- ➤ Building Awareness of Cognitive Impairments, such as Alzheimer 's



Title VI – Native Americans

Consortia of Tribal Organizations

- A Tribal Organization that
 - -Received a grant and
 - -Was part of a consortium in 1991
- But <u>separately</u> applies
- •Shall be treated as a member of the consortium and eligible to receive funding
 - Not treated as a new grantee



Title VII - Vulnerable Elder Rights Protection

Expanded and Broadened Authorities

- State Elder Abuse, Neglect, Exploitation Programs
- Native American Elder Abuse,
 Neglect & Exploitation Programs

New Authorities

Comprehensive State Elder
 Justice Systems





Principles

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<u>Implementation</u>

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- Streamline & Simplify
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- Facilitate Program Integration& Coordination
- Enhance Efficiency & Effectiveness

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